

LEXINGTON-FAYETTE URBAN COUNTY GOVERNMENT Department Of Public Safety Division Of Building Inspection Mailing address: Physical Address: 200 East Main Street 101 East Vine Street Lexington KY 40507 2 nd Floor Phone: 859-258-3770 Fax: 859-258-3780	<h1 style="margin:0;">HVAC COMMERCIAL PERMIT APPLICATION</h1>
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Construction Location:			
Owner:		Phone:	
Owner's Address:	City:	State:	Zip:
Contractor:	HVAC LICENSE #	Registration #:	Phone:
Contractor's Address:	City:	State:	Zip:

Type of Work:	
<input type="checkbox"/> Replacement <input type="checkbox"/> New Construction <input type="checkbox"/> Additions <input type="checkbox"/> Fit Up <input type="checkbox"/> Hood	
Square Footage:	Conditioned Square Footage:

Construction Type:			
Installation during New Construction or Addition of New Equipment			
Type Of Structure	Sq. Feet		Total \$
Restaurant		X .08 (Min. \$50.00)	
Office Building		X .07 (Min. \$50.00)	
Retail Sales		X .06 (Min. \$50.00)	
Warehouse-conditioned space		X .04 (Min. \$50.00)	
Hotel/Motel		X .08 (Min. \$50.00)	
All other commercial (Hood \$50.00)		X .06 (Min. \$50.00)	
Replacement –Change Out of Existing Equipment <i>OR TENANT FITUP</i>			
Cost of Replacement	Cost		Total \$
\$25,000 or less		X .003 ((Min. \$50.00)	
\$25,001 -\$100,000		X .002 (Min. \$100.00)	
Over \$100,000		X .001 (Min. \$200.00)	

Total Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check Ck. # _____	\$ _____
NOTES: [] Rough in and final inspection required on all new construction [] Work must be performed by Licensed HVAC Contractor [] Must meet requirements of 2007 Kentucky Building Code [] Must meet requirements of 2006 International Mechanical Code [] All work shall have at least one inspection (such as replacement) It is your responsibility to call your inspector for the following inspections: [] Rough in [] Final Inspector: _____	

Approved by:	Worker's Comp Exp. Date:	Liability Exp. Date:
The undersigned hereby certifies they are the owner or the owners agent of the above property.		
Signature	Date :	

NEW COMMERCIAL

TYPE OF STRUCTURE:

☐ BRICK ☐ CONCRETE ☐ STEEL BEAM ☐ CONCRETE BLOCK ☐ TREATED WOOD
☐ WOOD

ADDRESS:

LOCATION OF UNIT:

TYPE OF WORK:

<u>HVAC</u>	<u>HOODS</u>	<u>NUMBER OF UNITS</u>	<u>BTU</u>
<input type="checkbox"/> DUCT	Type: _____	<input type="checkbox"/> HEAT PUMP # _____	_____
<input type="checkbox"/> VENTING		<input type="checkbox"/> GAS # _____	_____
<input type="checkbox"/> PACKAGE UNIT	Location: _____	<input type="checkbox"/> OIL # _____	_____
<input type="checkbox"/> SPLIT SYSTEM		<input type="checkbox"/> OTHER: _____ # _____	_____
<input type="checkbox"/> MAKE-UP AIR			
<input type="checkbox"/> SMOKE DAMPERS			
<input type="checkbox"/> FIRE DAMPERS			
<input type="checkbox"/> SMOKE DETECTION			

BUILDING TYPE: ☐ RESTAURANT ☐ OFFICE BLDG ☐ RETAIL SALES ☐ WAREHOUSE

☐ HOTEL/MOTEL ☐ OTHER: _____

PLANS: ☐ YES ☐ NO

EXISTING

TYPE OF STRUCTURE : ☐ BRICK ☐ CONCRETE ☐ CONCRETE BLOCK ☐ STEEL BEAM
☐ TREATED WOOD ☐ WOOD

ADDRESS:

LOCATION OF UNIT:

TYPE OF WORK:

<u>HVAC</u>	<u>HOODS</u>	<u>NUMBER OF UNITS</u>	<u>BTU</u>
<input type="checkbox"/> REPLACEMENT	Type: _____	<input type="checkbox"/> HEAT PUMP # _____	_____
<input type="checkbox"/> ADDITION		<input type="checkbox"/> GAS # _____	_____
<input type="checkbox"/> TENANT FIT-UP	Location: _____	<input type="checkbox"/> OIL # _____	_____
		<input type="checkbox"/> OTHER: _____ # _____	_____

BUILDING TYPE: ☐ RESTAURANT ☐ OFFICE BLDG ☐ RETAIL SALES ☐ WAREHOUSE

☐ HOTEL/MOTEL ☐ OTHER: _____

PLANS: ☐ YES ☐ NO